



Maternal and Child Health Integrated Program in Mali

SEMI ANNUAL REPORT

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EXECUTIVE SUMMARY

MCHIP's goal in Mali is to contribute to the reduction of maternal, newborn, and child mortality. To achieve this goal, MCHIP works to ensure increased access to **integrated, evidence-based** packages of MNCH-FP interventions at both the community and facility levels with a geographic focus on the districts of Kita and Diema in the Kayes region.

MCHIP/Mali has worked closely with the USAID/Mali team and various partners and stakeholders to define MCHIP specific objectives which are to:

1. Support the Government of Mali and partners in the roll-out of the national integrated community-based care package (SEC) that will increase access to quality management of childhood illnesses (diarrhea, pneumonia, malaria, acute malnutrition), post-partum family planning, and essential newborn care, in the districts of Kita and Diema;
2. Support the implementation of an integrated package of evidence-based interventions at the facility level in Kita and Diema, with a technical focus on PFP and FP as a part of PAC services, and in AMTSL, ENC, and KMC as needed;
3. Contribute to the improvement of national health strategies that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions;
4. Increase access to AMTSL by facilitating the introduction of oxytocin in the Uniject device at national scale;
5. Contribute to the Organization of Islamic Conferences framework in Mali through the development of a communication initiative addressing religious leaders support for maternal and newborn health and family planning.

The dedicated project team in Mali (please see Annex A for MCHIP/Mali Staff List) with staff based in both Bamako and in the region of Kayes, works to achieve these objectives by providing technical support to the Ministry of Health (MOH) at national, regional, and district levels and through close collaboration with local implementing partners in Kita and Diema.

The project impact area is an extremely difficult work environment and has posed several challenges for the MCHIP/Mali team. These challenges include a large geographic area with poor transportation infrastructure and limited access; the two referral health centers in Kita and Diema are very old and poor in terms of space; many of the community health centers are more than one day's travel distance from the referral health center (particularly in Kita); and a partners coordination mechanism is not currently functional. Despite these challenges, the MCHIP team has made significant progress in moving forward activities and in addressing some of these issues from the beginning of the project.

This report highlights the progress made by MCHIP/Mali from October 2010 to March 2011. The first quarter of the project (October – December) was dedicated to defining the geographic project impact areas, introducing MCHIP to the various partners and stakeholders in the Kayes region, developing partnerships in order to complement reinforce

and expand ongoing efforts at the national, regional and district levels, and the finalization of the detailed project activity plan and implementation strategies. The second quarter (January – March) focused on recruitment, establishing a cohesive, motivated and effective team at country level, coordinating with USAID funded projects and partners to ensure complementarity, and the implementation of startup activities.

Semi Annual Report on Progress against the Work Plan

(Report Period: October 1 - March 31, 2011)

Summary Plan of Activities by Program Elements	Status of Implementation	Update at 6 months
Management and Project Start Up		
Recruitment of key project staff	Completed	The project Chief of Party, 3 Advisors (1 Maternal Health/FP; 1 Child Survival/Community; 1 Newborn Health). An M&E Officer and Program Specialist are in the process of being hired. All are based in Bamako
Definition of project management leadership in Mali	Completed	Save the Children Sahel Country Office has been identified as project management leadership in Mali
Revision of MCHIP work plan (GHI, OIC)	In Progress	As Mali has been identified as GHI plus country as well as OIC country, MCHIP workplan has been revised to introduce GHI plus and OIC priorities. A learning agenda on PFP is in development to respond to this need.
Participation at OIC launching workshop in Mali	Completed	MCHIP was present at this meeting
Project introduction to Ministry of Health (DNS, DSR, DPM, DN, Unite, DRS Kayes, CSREF Kita and Diema)	Completed	Under the leadership of USAID Mali, the project has been presented to the National Director of Health and the heads of key divisions working in partnership with the project. A trip was organized to Kayes, Kita and Diema for this purpose with USAID Mali.
Project introduction to USAID partners (ATN+, PKCII, PSI, SPS, HCI)	Completed	Through different meetings organized by USAID Mali the project has been introduced to other USAID funded projects. In addition to that, an official letter has been sent to each of them to formalize the introduction
Project introduction to others non USAID funded partners (UNICEF, Projet Espagnol, Cooperation Canadienne, AMPPF)	Completed	The project has sent an official letter to each key partner working in the same districts as well as at regional level in Kayes. During the trip to Kayes the project team met with representatives of each to ensure better coordination and complementarity during implementation

Districts planning and needs assessment at national and regional level	Completed	With technical assistance of MCHIP HQ, a district level needs assessment was conducted to seek a better understanding of districts situation and priorities to be included in project workplan. At national level efforts have been concentrated in developing clear partnership regarding MCHIP possible contribution at this level.
Finalization of field staff recruitment	Completed	MCHIP Regional and districts coordinators based in Kayes, Kita and Diema have been recruited and positioned on site
Partnership development meetings	In Progress	In order to clarify MCHIP contribution at country level, MCHIP Mali with support from HQ has initiated a partnership development process to help each of them better understand how MCHIP will be complementary to them in Kayes, Kita and Diema. MCHIP Mali has created a partnership tool that has been used to summarize activities and define roles and responsibilities per level. This process will continue next quarter and the final document will be presented to USAID.
Participation into Regional and district planning meetings (districts management meetings, pre CROCEPS and CROCEPS)	Completed	MCHIP 2011 activities have been presented and finalized. 2012 activities have been included into districts plans in Kita and Diema

Project Activities

Objective 1: Support the Government of Mali and partners in the roll out of the national integrated community-based care package (SEC) that will increase access to quality management of childhood illnesses (diarrhoea, pneumonia, malaria, acute malnutrition) post partum family planning and essential newborn care in the districts of Kita and Diema

Identify sites and ASCs for the introduction of SEC in Kita and Diema and develop implementation plan	In Progress	In collaboration with UNICEF and the Regional Direction of Health in Kayes, the project team has facilitated the development of SEC implementation plans for Kita and Diema. MCHIP has actively participated into SEC launching workshop in Kayes. Number of ASCs to be set up in the two districts are 100 (78 for Kita and 22 for Diema)
In collaboration with UNICEF and other district partners conduct training of ASCs on PFP and FP as part of PAC for the selected sites	Delayed/ yet to be achieved (please comment)	As the process for ASCs implementation is funded by UNICEF in Kayes, this activity has been delayed to April-June in order to mobilize resources
In collaboration with UNICEF, UNFPA, and other partners, ensure the availability of essential equipment, commodities, and supplies for the provision of the SEC in Kita and Diema.	Delayed/ yet to be achieved (please comment)	As the process for ASCs implementation is funded by UNICEF in Kayes, this activity has been delayed to April-June in order to mobilize resources
Build capacity of district health systems to implement, manage, and monitor the integrated essential community care package (SEC)	In Progress	The project team has organized an orientation meeting with the two DHTs to reinforce the directives provided during the regional meeting in Kayes for SEC implementation

Objective 2: Support the implementation of an integrated package of evidence based interventions at facility level in Kita and Diema with a focus on PFP and FP as part of PAC and as needed in AMSTL, ENC and KMC

Conduct detailed mapping of CSRef training needs in Kita and Diema (Learning Agenda)	In Progress	The project team has worked with DHTs to finalize training needs and discussed with partners for training implementation in each district
Conduct baseline assessment for identified facilities (Learning Agenda)	In Progress	The project team has collected available data from HMIS in Kita and Diema as well as Regional level. A HFA will be conducted next quarter to finalize the district mapping process
In coordination with partners, ensure availability of essential equipment, commodities, and supplies for PFP	In Progress	The project team has participated in TAC meetings and has worked closely with SPS to develop the supplies and commodities needs for Kita and Diema. In addition to that the oxytocin in Uniject needs for all 35 USAID funded districts has been developed with ATN+,PKCII and SPS.
Organize a planning Workshop in Kayes for the development of training plans in Kita and Diema	Completed	In collaboration with Kayes Regional Direction of Health the project has organized a workshop with Kita and Diema DHTs in order to develop training plans for 2011
Revise/adapt training materials for identified gap areas (specific to PFP and FP in PAC) and vet/field test them through TOT with identified regional trainers	In Progress	A workshop has been organized in Kayes to revise/adapt existing training packages of MoH related to MCHIP work (SEC, SENN, FP, PFP, GATPA). At the end of the workshop a small group has been set up for the finalization with TA from MCHIP
Participate at the coordination meeting of partners operating in Kayes especially in Kita and Diema	Completed	The project team has fully participated in the planning process at district and regional level to integrate 2012 activities

Objective 3. Contribute to the improvement of national health strategies that increase the population's access to an affordable integrated package of high impact MNCH/FP interventions

Participate in the review and revision of training materials (including training modules, job aids, etc) for the integrated community-based care package (SEC).	In Progress	The project staff has anticipated a regional review of the training document in Kayes in order to include PFP into the document to be tested in Kita and Diema. The project team has participated in several meetings on this issue with partners at regional level
Support the RHFP National WG to prioritize and promote PFP	Completed/Ongoing	The project team has participated in all RHFP meetings and will continue to do so.

Objective 4: Increase access to AMTSL by facilitating the introduction of Uniject device at national scale

Identify and initiate process to register oxytocin in Uniject	In Progress	The project team has worked closely with DPM to facilitate the registration process of oxytocin Uniject. With support from MCHIP HQ, the project has collected all needed documentation as well as 30 samples for the
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registration committee in Mali

Work with the MOH to develop a plan for introduction and related logistics

Delayed/ yet to be achieved (please comment)

This would be postponed to next quarter as the coordination of this process is not defined at MoH. The project will be developing an advocacy strategy with Intrahealth and ATN+ to facilitate the discussions with MoH

Objective 5: Contribute to the organization of Islamic Conference framework in Mali through the development of communication initiative addressing religious leaders support for maternal and newborn health and family planning

Participate in repositioning MNH/FP health services campaign in Kayes, Diema and Kita

In Progress

The project team has participated in all meetings related to the campaign preparation and has developed actions plans for Kayes, Kita and Diema in collaboration with regional and districts teams

Organize advocacy days focused on HTSP and PPF for the reduction of maternal and infant mortality at the national and regional levels with partners

Delayed/ yet to be achieved (please comment)

To be able to emphasize PPF promotion and introduce HTSP concept, the project has initiated discussions at regional level for the organization of 2 advocacy days during the FP national campaign in Kayes and Diema

Work with partners to adapt FP advocacy tools with focus on PPF (rapidWomen model)

Delayed/ yet to be achieved (please comment)

This activity is planned with TA from HPP Mali colleagues, because of their planning process of the new phase of their project we have decided to reschedule it for April

Develop innovative approaches with decision makers at regional levels to promote SEC and PPF

In Progress

The project team has worked with Diema DHT to define the potential private and/or civil society organizations existing at district level which can be partners for social mobilization for PPF promotion

MONITORING AND EVALUATION SUMMARY

M&E activities during this period were focused on the recruitment of an M&E Officer (the first M&E officer hired in December left MCHIP for another role in February) and the development of the project monitoring plan. The project team has worked closely with Regional and district health teams to identify indicators that can be collected through existing HMIS and to specify those which need specific effort for collection. The calculation method has been discussed and determined in order to facilitate data analysis. Initial data collection was done in order to inform the district assessment exercise and orient project effort on key activities to be supported in each district and at the regional level. A population-based baseline survey is planned for Quarters 3 & 4.

CHALLENGES

- **MCHIP Mali work plan development process:** New initiatives at the global level (Global Health Initiative, BEST Strategy, Organization of Islamic Conference) which indicate Mali as a priority country, have led to revisions of the USAID/Mali health strategy. In order to ensure MCHIP Mali can contribute to demonstrated results linked to these initiatives, MCHIP revised the work plan to include additional activities which was difficult to achieve without additional resources.
- **Partnership coordination for the implementation of activities in Kayes:** The two target districts identified for MCHIP have been challenging in terms of coordinating the various roles of partners exacerbated by the recent staff turn-over in the Regional MOH team in Kayes. Many partners (both USAID and non USAID funded) have been operating in these two districts, as well as in the Kayes region, for a long time, however a functional coordination mechanism facilitate complementarities is missing.
- **Expectations of MCHIP contribution relative to funding level:** The Ministry of Health through the Regional Direction of Health in Kayes is expecting MCHIP to support new initiatives regarding the improvement of maternal and child health activities in Kayes. During the needs assessment visits in Kayes, Kita and Diema, regional and district health teams have requested MCHIP support for equipment, supplies, funding for integrated supervision, training of relais and TBAs through SEC strategy etc. Currently, MCHIP does not have the funding to support these requests. There are other expectations of MCHIP at the national level (technical assistance to SEC implementation for example) which will be difficult to achieve with actual level of funding and role defined for MCHIP.

SOLUTIONS

MCHIP/ Mali will continue to be proactive and build strong partnerships with the Ministry of Health through the Regional Direction of Health and all key partners operating in Kayes, Kita

and Diema. MCHIP/Mali will also continue to seek opportunities for collaboration with partners to leverage greater impact. Some examples of actions:

1. Contribute to the facilitation of the Regional Coordination mechanism;
2. Share MCHIP work plan with partners and develop consolidated plans together (HPP, HCI);
3. Initiate dialog with others partners to leverage funding/ supplies to complete PFPF activities (Spanish Project, UNFPA) ;
4. Develop partnership for the implementation of SEC in Kayes with UNICEF.